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Marriages Increase in 1959

THE number of marriages in the United States increased 2.7 percent in 1959, reversing the downtrend of the preceding two years. There were about 1,505,000 marriages in 1959, compared with 1,465,000 the year before, which, incidentally, was the smallest annual number since the close of World War II. The upswing in marriages undoubtedly reflects the recovery of the economy from the business recession of 1957-58. Despite the rebound, marriages in 1959 were 21,000 short of the total in 1957. The marriage rate in 1959 was 8.5 per 1,000 population (including the Armed Forces overseas), or only slightly above the rate of 8.4 for 1958.

Most States reported more marriages in 1959 than the year before, as is evident from the table on the next page. However, in only four States was the rise 10 percent or greater. The upswing was most marked in Alabama and Arkansas, where marriages rose by 25 percent and 19 percent, respectively. In each of these areas marriages started to increase rapidly in mid-1958, when a new marriage regulation took effect in the contiguous State of Mississippi. In Florida marriages rose for the seventh consecutive year, the gain for 1959 over 1958 amounting to about 12 percent; the increase was almost as large in North Carolina. Our two new States likewise reported a rise in marriages during 1959; the gain was almost 9 percent in Alaska and about 5 percent in Hawaii.

In contrast, eight States reported fewer marriages in 1959 than in the preceding year. Except for Mississippi and Oklahoma, the declines were 2 percent or less. In Mississippi, where the age for marriage was raised in July 1958, marriages fell off by more than two fifths for the second consecutive year; their number dropped from 62,495 in 1957 to 36,402 in 1958 and further to 20,447 in 1959. The decline of almost 10 percent in Oklahoma reversed the upward trend which had continued without interruption since 1952.

In the large cities, as a group, the rise in marriages last year was the

NUMBER OF MARRIAGES AND ANNUAL PERCENT CHANGE, 1957-1959
United States by Geographic Division and State

Area	Number			Percent Change†	
	1959*	1958	1957	1958 to 1959	1957 to 1958
UNITED STATES	1,504,521	1,464,574	1,525,552	2.7	− 4.0
New England	77,388	74,047	77,147	4.5	− 4.0
Maine	7,599	7,564	7,878	.5	− 4.0
New Hampshire	7,285	7,001	7,189	4.1	− 2.6
Vermont	3,315	3,371	3,212	− 1.7	5.0
Massachusetts	35,950	33,449	34,828	7.5	− 4.0
Rhode Island	5,770	5,659	5,884	2.0	− 3.8
Connecticut	17,469	17,003	18,156	2.7	− 6.4
Middle Atlantic	230,578	226,923	240,222	1.6	− 5.5
New York	120,517	121,322	124,647	− .7	− 2.7
New Jersey	38,661	38,398	40,367	.7	− 4.9
Pennsylvania	71,400	67,203	75,208	6.2	−10.6
East North Central	277,680	267,733	298,100	3.7	−10.2
Ohio	65,540	65,240	59,256	.5	10.1
Indiana	40,396	38,949	74,891	3.7	−48.0
Illinois	87,281	83,400	83,109	4.7	.4
Michigan	58,826	55,159	55,121	6.6	.1
Wisconsin	25,637	24,985	25,723	2.6	− 2.9
West North Central	120,039	116,036	116,710	3.4	− .6
Minnesota	23,188	23,554	23,862	− 1.6	− 1.3
Iowa	25,116	23,958	23,840	4.8	.5
Missouri	35,000	32,500	32,400	7.7	.3
North Dakota	4,282	4,275	4,198	.2	1.8
South Dakota	5,857	5,702	5,726	2.7	− .4
Nebraska	10,683	10,607	10,702	.7	− .9
Kansas	15,913	15,440	15,982	3.1	− 3.4
South Atlantic	256,457	247,493	256,426	3.6	− 3.5
Delaware	2,383	2,311	2,243	3.1	3.0
Maryland	39,770	39,926	42,799	− .4	− 6.7
District of Columbia	8,377	8,094	8,043	3.5	.6
Virginia	37,768	36,326	37,184	4.0	− 2.3
West Virginia	13,700	14,000	14,800	− 2.1	− 5.4
North Carolina	29,984	27,266	25,882	10.0	5.3
South Carolina	38,591	37,856	42,091	1.9	−10.1
Georgia	47,296	47,145	51,235	.3	− 8.0
Florida	38,588	34,569	32,149	11.6	7.5
East South Central	108,489	114,787	126,927	− 5.5	− 9.6
Kentucky	27,820	26,204	21,314	6.2	22.9
Tennessee	29,518	27,675	23,250	6.7	19.0
Alabama	30,704	24,506	19,868	25.3	23.3
Mississippi	20,447	36,402	62,495	−43.8	−41.8
West South Central	163,419	159,958	154,393	2.2	3.6
Arkansas	18,543	15,600	13,200	18.9	18.2
Louisiana	21,453	21,068	21,201	1.8	− .6
Oklahoma	30,170	33,466	30,592	− 9.8	9.4
Texas	93,253	89,824	89,400	3.8	.5
Mountain	124,308	117,947	118,035	5.4	− .1
Montana	6,228	6,142	6,495	1.4	− 5.4
Idaho	9,341	9,522	8,995	− 1.9	5.9
Wyoming	3,077	2,955	2,909	4.1	1.6
Colorado	15,497	14,691	13,831	5.5	6.2
New Mexico	12,600	12,400	11,439	1.6	8.4
Arizona	10,251	9,805	9,652	4.5	1.6
Utah	6,949	6,600	6,672	5.3	− 1.1
Nevada	60,365	55,832	58,042	8.1	− 3.8
Pacific	146,163	139,650	137,592	4.7	1.5
Alaska	1,759	1,616	1,686	8.8	− 4.2
Washington	27,960	27,377	28,441	2.1	− 3.7
Oregon	10,166	9,896	9,961	2.7	− .7
California	101,320	96,034	92,607	5.5	3.7
Hawaii	4,958	4,727	4,897	4.9	− 3.5

*Provisional. †Minus sign (−) denotes decrease.

Source of basic data: Reports by the National Office of Vital Statistics, and surveys by the Statistical Bureau of the Metropolitan Life Insurance Company.

same as that for the country as a whole, namely, 2.7 percent. Of the 104 cities with at least 100,000 population, almost three fourths recorded increases. Memphis led in this respect with a rise of 61 percent. The upswing was also quite marked in Mobile, where marriages were up 40 percent. Eight other cities in the South—Fort Worth, Baton Rouge, Charlotte, Tampa, Dallas, Jacksonville, Birmingham, and New Orleans—reported increases ranging from 10 to 18 percent. Similar increases occurred in six cities outside the South. In contrast to the general uptrend, 29 of our large cities reported decreases in marriages during 1959; the most marked declines occurred in Cambridge (7 percent) and Hartford (6 percent).

Of the five largest cities in the country Philadelphia alone reported a substantial increase in marriages in 1959, the number rising 8 percent. Marriages also increased in Chicago and Detroit, but by less than 2 percent. On the other hand, in New York City marriages decreased 1 percent—from 67,594 in 1958 to 66,887 in 1959. A decline of similar magnitude occurred in the Los Angeles area.

Three of the country's popular marriage centers recorded increases in 1959. The rise was 5 percent in Las Vegas, 8 percent in Miami, and 11 percent in Reno. In Elkton, on the other hand, marriages fell off 9 percent. It is noteworthy that marriages have remained at a comparatively low level in Yuma since the close of 1956, when stricter marriage regulations were enacted by the Arizona legislature. In 1959 only 1,400 marriages were performed in Yuma, compared with more than 14,000 in 1956, which total included many couples from California.

Mortality of Overweights with Impairments*

SOME impairments generally considered to be of minor significance produce an unduly large increase in the mortality of overweights. This is one of the major findings of the Build and Blood Pressure Study, 1959, by the Society of Actuaries, which investigated separately the records of insured persons with minor impairments and of those without known minor impairments. The facts will be reviewed for males only, since their examinations for Life insurance were more extensive and more thorough in most cases than those for females. For purposes of this study, a minor impairment is one which would not bar the applicant from obtaining standard insurance.

Table 1 shows, by age at issue

*This is the sixth of a series of articles dealing with the major findings and implications of the *Build and Blood Pressure Study, 1959*, recently published by the Society of Actuaries. This investigation covered the experience of several million people insured by 26 large Life insurance companies in the United States and Canada during the period 1935-53.

TABLE 1

MORTALITY OF OVERWEIGHT MEN WITH MINOR IMPAIRMENTS AND WITHOUT KNOWN MINOR IMPAIRMENTS

Mortality Ratios for Various Degrees of Overweight

Cases Accepted for Ordinary Insurance in 1935-53, Traced to Policy Anniversary in 1954. By Age at Issue

Degree of Overweight	Mortality Ratio (Percent)*					
	Ages 15-69		15-39		40-69	
	Minor Impairment		Minor Impairment		Minor Impairment	
	Present	Absent	Present	Absent	Present	Absent
Total	140	112	149	114	138	111
Slight	134	107	143	108	132	107
Moderate	152	119	159	124	149	117
Marked	182	141	200	151	176	137

*Mortality ratio for all persons insured as standard risks = 100 percent.
Source: Derived from *Build and Blood Pressure Study, 1959*, Society of Actuaries.

●

and degree of overweight, the mortality among overweights with minor impairments and among those without known minor impairments. (The mortality in these classifications is expressed as a percent of that for all standard risks in the respective age groups.) The mortality is consistently higher for the overweights with impairments than for those without known impairments; moreover, for each of these categories the excess mortality rises with increase in degree of overweight, even though the more obese were subject to particularly careful selection.

Overweight men with moderate elevation of blood pressure experienced a mortality nearly 60 percent above that for overweights with no known minor impairments. For overweights with small or moderate amounts of albuminuria, the mortality was increased about 30 percent; for those with other genito-urinary disorders (such as kidney stone) and for those with a history of nervous disorders (chiefly psychoneurosis) the increase was about 15 percent. Among overweight men with a family history of early cardiovascular-renal disease—considered to be a minor impairment for purposes of this study—the mortality was 35 percent higher than for overweights of corresponding degree without known minor impairments.

Table 2 shows the mortality among the overweight men with moderate elevation of blood pres-

sure according to age at issue and degree of overweight. Not only is the mortality of these men consistently higher than that for all standard risks (shown in the left-hand panel of the table), but the excess is also quite large when compared with the mortality for men in the corresponding weight group without known minor impairments (shown in the right-hand panel). The relatively small rise in the mortality ratios with increase in degree of overweight reflects, in part at least, the careful selection of the more obese applicants with moderately elevated blood pressure.

Analysis of other data in the study likewise shows the adverse effect of overweight in combination with elevation of blood pressure even in cases where overweight is not of sufficient degree to bar the applicant from standard insurance. In cases of marked overweight together with considerably elevated blood pressure, the mortality was from 3 to 4 times that for standard risks.

The combination of overweight and elevated blood pressure produced an excess mortality significantly higher than that expected from the extra mortality associated with each impairment separately. These findings are in accord with a similar study based upon the experience of the Metropolitan Life Insurance Company.

The distinct disadvantage of excess weight in persons with various types of impairments shown by the Build and Blood Pressure Study, 1959, is confirmed by clinical investigations and earlier insurance studies. For example, the prognosis for insured persons with a history of asthma or bronchitis was considerably less favorable among

TABLE 2

MORTALITY OF OVERWEIGHT MEN WITH MODERATE ELEVATION OF BLOOD PRESSURE

Mortality Ratios and Excess Mortality for Various Degrees of Overweight

Cases Accepted for Ordinary Insurance in 1935-53, Traced to Policy Anniversary in 1954. By Age at Issue

Degree of Overweight	Mortality Ratio (Percent)*			Excess Mortality (Percent)†		
	Ages 15-69	15-39	40-69	Ages 15-69	15-39	40-69
Slight	169	179	167	62	71	60
Moderate	177	210	170	58	86	53
Marked	185	179	186	44	28	49

*Mortality ratio for all persons insured as standard risks = 100 percent.
†Over corresponding weight group without known minor impairments.
Source: Derived from *Build and Blood Pressure Study, 1959*, Society of Actuaries.

those who were overweight than among those of average weight. Overweights with elevated blood sugar just below the normal limit and those with glycosuria are more likely to become diabetic than average or underweight persons with these impairments. The mortality of overweights with elevated blood sugar is higher than that for lighter weight people primarily because of increased death rates from cardiovascular disease and diabetes.

The present study underscores the desirability of weight control in persons with various types of impairments, even if they are of relatively minor significance. Although overweight usually is not the cause of the impairment, weight reduction will often decrease the adverse effects of the impairment. It is particularly important for overweights to have periodic health examinations so that defects may be detected and, if possible, corrected early.

Death Claim Payments at All-Time High in 1959

More than $527,000,000 was paid out by the Metropolitan Life Insurance Company during 1959 in death claims on Ordinary, Group, and Industrial Life insurance policies. As the table on page 7 shows, this sum exceeded by nearly $26,000,000 the disbursements in 1958, and was more than 3 times the amount paid 20 years ago. The increase reflected both the growth in number of policyholders and the larger amounts of Life insurance owned by them.

In 1959, the cardiovascular-renal diseases accounted for death claim disbursements of about $288,000,000, or for 55 percent of the total; this was $49,000,000 more than the amount paid on claims for all other causes of death combined. Payments on account of heart disease alone were over $229,000,000, of which $142,000,000 was on deaths from coronary artery disease.

Disbursements for deaths due to cancer (malignant neoplasms) amounted to about $106,000,000, or to 20 percent of the total in 1959; two decades ago the proportion was not quite 14 percent. Thus, cancer and cardiovascular-renal disease together were responsible for three fourths of the death claim payments last year.

The external causes of death accounted for 12 percent of the claim payments last year. No less than $50,500,000 was paid on fatal accidents—nearly $5,700,000 more than in 1958. Disbursements for fatal motor vehicle accidents rose from little more than $23,000,000 in 1958 to about $26,500,000 in 1959. Suicide accounted for $9,335,000 in claims last year and homicide for $2,759,000.

The Company disbursed $9,217,000 in 1959 on account of deaths from pneumonia and influenza;

AMOUNTS DISBURSED ON ACCOUNT OF DEATHS FROM SELECTED CAUSES

Entire Experience of the Metropolitan Life Insurance Company, All Ages
1959, 1958, and 1939 Compared

Cause of Death	Amount Disbursed* (in Thousands)			Percent of Total		
	1959	1958	1939†	1959	1958	1939†
All Causes—Total	$527,189	$501,415	$172,114	100.0	100.0	100.0
Natural causes of death						
Diseases of the cardiovascular-renal system	288,181	276,248	77,698	54.7	55.1	45.2
Vascular lesions, central nervous system	39,967	37,238	12,091	7.6	7.4	7.0
Diseases of heart	229,217	221,712	54,306	43.5	44.3	31.6
Chronic rheumatic heart disease	7,438	7,792	‡	1.4	1.6	‡
Arteriosclerotic and degenerative heart disease	201,857	194,455	‡	38.3	38.8	‡
Diseases of coronary arteries	142,366	134,196	21,699	27.0	26.8	12.6
Hypertension with heart disease	11,174	13,455	‡	2.1	2.7	‡
Other diseases of heart	8,748	6,010	‡	1.7	1.2	‡
Hypertension without mention of heart disease	3,034	2,233	105	.6	.4	.1
General arteriosclerosis	3,759	3,355	1,044	.7	.7	.6
Other diseases of circulatory system	8,157	7,561	‡	1.5	1.5	‡
Nephritis and nephrosis	4,047	4,149	10,152	.8	.8	5.9
Malignant neoplasms	105,939	101,066	23,448	20.1	20.2	13.6
Pneumonia and influenza	9,217	9,746	8,814	1.8	1.9	5.1
Cirrhosis of the liver	8,231	8,145	2,129	1.5	1.6	1.2
Diabetes mellitus	7,103	6,805	4,761	1.3	1.4	2.8
Ulcers of the stomach and duodenum	4,047	4,575	1,971	.8	.9	1.2
Tuberculosis—all forms	2,139	2,240	7,482	.4	.4	4.4
Hernia and intestinal obstruction	1,853	2,099	‡	.3	.4	‡
Gastritis, duodenitis, enteritis, etc.	1,652	1,517	359	.3	.3	.2
Diseases of the gallbladder and biliary ducts	1,632	1,626	‡	.3	.3	‡
Syphilis	1,013	1,030	1,794	.2	.2	1.0
Appendicitis	749	707	2,645	.1	.1	1.5
Complications of pregnancy, childbirth	283	212	745	.1	¶	.4
Acute poliomyelitis	217	118	67	¶	¶	¶
Cerebrospinal meningitis	59	72	54	¶	¶	¶
Communicable diseases of childhood	18	31	153	¶	¶	.1
External causes						
Suicide	9,335	8,418	4,371	1.8	1.7	2.5
Homicide	2,759	2,817	1,160	.5	.6	.7
Accidents—total	50,501	44,829	15,459	9.6	9.0	9.0
Motor vehicle accidents	26,469	23,086	6,805	5.0	4.6	4.0

*Includes additional accidental death benefits.
†Not strictly comparable with 1959 and 1958 due to change in procedures of classifying causes of death.
‡Not available.
¶Less than 0.05 percent.
Note: Amounts for each year are on an incurred basis.

this was somewhat less than the amount paid the year before and on a par with payments for 1957. In each of the past three years the sum paid out for these causes was approximately 1½ times that in 1956. Nevertheless, the disbursements in recent years constitute a much smaller proportion of the death claim payments than they did two decades ago. In 1959 they were less than 2 percent of the total, compared with about 5 percent in 1939.

Reversing the recent trend, claim payments on policyholders who died from poliomyelitis rose sharply in the past two years, as the incidence of the disease increased in the general population. Death claim payments for poliomyelitis decreased without interruption from $849,000 in 1952 to $52,000 in 1957, but then rose to $118,000 in 1958 and further to $217,000 last year.

Marked decreases have occurred during the past two decades in the claim payments on some of the infectious diseases. Tuberculosis accounted for disbursements of little more than $2,000,000 last year, or for only 0.4 percent of the total death claim payments; in 1939, the proportion was at least 10 times as high. The principal communicable diseases of childhood — measles, scarlet fever, whooping cough, and diphtheria — were responsible for only $18,000 in death claims in 1959, which was less than one eighth the amount paid 20 years ago. Large decreases have also been recorded in the payments on appendicitis and the complications of pregnancy and childbirth.

During 1959, the Company paid about $10,000,000 in death claims on Ordinary and Industrial policies which had been in force less than one year. More than half of this total was disbursed on Life insurance in force less than six months.

Additional evidence of the benefits of Life insurance is provided by the facts on claim payments according to the age at which the policyholder died. Somewhat over $31,000,000 was paid on persons who failed to reach age 25, about $69,000,000 on those who died between 25 and 44 years of age, and no less than $260,000,000 on those who died between ages 45 and 64. Altogether, payments in excess of $360,000,000, or more than two-thirds of all the claim payments, were made to the beneficiaries of insured persons who died before reaching age 65.

Fatal Injuries in Competitive Sports

SEVERAL million Americans participate in competitive sports, such as football, baseball, and boxing, often unmindful of the hazards involved. Although precise data are not available on the number of people injured in organized sports, information from various sources indicates that sprains, strains, and contusions resulting in

TABLE 1
NUMBER OF ACCIDENTAL DEATHS FROM FOOTBALL
United States, 1955-59

Type	Direct	Indirect
Total	81	27
College	7	4
High school	51	18
Professional and semiprofessional	5	1
Sandlot	18	4

Source of basic data: Dr. Floyd R. Eastwood, Chairman, Committee on Injuries and Fatalities, American Football Coaches Association.

temporary disability are quite common, and that the annual toll includes many severely injured and not a few deaths.

Football accounted for 108 deaths in the United States during the 5-year period 1955-59, according to data issued by the American Football Coaches Association. As Table 1 shows, of this total 81 sustained their injuries in activities directly associated with the game, such as tackling and blocking; tackling was responsible for more than one fourth of the fatalities directly connected with the game. The 27 deaths indirectly attributable to football were caused by heat stroke, heart failure, and other conditions.

Fifty-one of the 81 deaths directly associated with football were among high school players. The annual rate of fatal injury averaged about 1.7 per 100,000 for the students playing high school football, who number about 600,000. Among the 66,000 players who participated in college football, the rate was slightly higher. Several deaths a year occur among sandlot players, and an average of one a year among professional or semiprofessional football players. The National Football League, however, with about 400 players, had no fatalities in the 1955-59 period.

The hazard of fatal injury in baseball is relatively small. In the professional major leagues, which include more than 400 players, there has not been a fatal injury since 1920. In the past 5 years, relatively few fatalities have occurred in amateur baseball, although more than two million boys participate in the sport annually as members of scholastic teams, the Little League, American Legion Junior, and similar organizations. The infrequent instances of fatal injury resulted from various mishaps: players being hit on the head with a ball while they were batting or

TABLE 2
NUMBER OF ACCIDENTAL DEATHS FROM BOXING
United States, 1955-1959

Year	Amateur	Professional
1955–59	12	6
1959	5	0
1958	3	1
1957	2	0
1956	2	2
1955	0	3

Source of basic data: Annual surveys by The Ring magazine.

running bases; one player was killed when his head hit the base as he was sliding "home", and another when playing as infielder was struck on the head with a batted ball during practice.

In the years 1955-59, boxing injuries took the lives of at least 12 amateur fighters and of six professionals, as shown in Table 2. Most of these fatalities resulted from mishaps in actual bouts; very few occurred while men sparred during training. A disturbing factor is the recent increase in deaths among amateur boxers, five lives being lost in 1959 alone. Exact figures are lacking on the number of boxers in the United States, but there appear to be several thousand professionals who are licensed to fight and many times that number who are amateurs.

Occasional fatalities also occur in other competitive sports, such as basketball, skiing, and ice hockey, but there are no over-all figures either on injuries or deaths for these sports.

The incidence and severity of injuries sustained in competitive sports can be decreased by players having proper equipment and facilities, good instruction and supervision, by adequate health examinations of athletes, and prompt medical attention to injuries. Sports authorities have recently instituted a number of safety precautions in both amateur and professional sports. Although these measures have borne fruit, competitive sports can be made even safer than they are now.

AVAILABLE FOR DISTRIBUTION

The following have been published recently, and reprints will be sent upon request.

1. "Evaluation of Type and Degree of Change in Postexercise Electrocardiogram in Detecting Coronary Artery Disease," *Proceedings of the Society for Experimental Biology and Medicine*, March 1960. (Available to Physicians)

2. "Influence of Obesity on Morbidity and Mortality," *Bulletin of the New York Academy of Medicine*, May 1960.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
March 1960

Cause of Death	Annual Rate per 100,000 Policyholders*				
	March		Year to Date		
	1960†	1959†	1960†	1959†	1958
All Causes	801.2	699.4	762.9	707.7	746.2
Tuberculosis (all forms)	7.4	6.2	6.5	6.1	8.0
Communicable diseases of childhood	0.3	0.3	0.1	0.2	0.2
Acute poliomyelitis	—	—	0.1	‡	—
Malignant neoplasms	155.9	142.1	150.4	143.9	142.9
Digestive system	52.3	47.9	50.1	49.2	45.7
Respiratory system	24.4	21.8	22.2	21.7	19.5
Diabetes mellitus	19.9	14.3	18.0	15.5	17.7
Diseases of the cardiovascular-renal system	431.5	380.3	412.9	386.8	403.2
Vascular lesions, central nervous system	84.0	73.7	77.3	75.6	74.8
Diseases of heart	316.1	279.0	305.9	282.6	299.4
Chronic rheumatic heart disease	13.2	12.2	13.3	11.6	13.0
Arteriosclerotic and degenerative heart disease	252.4	223.1	244.3	225.7	236.0
Diseases of coronary arteries	146.6	133.5	141.3	137.1	131.9
Hypertension with heart disease	35.6	31.6	34.4	33.1	37.7
Other diseases of heart	14.9	12.1	13.9	12.3	12.7
Nephritis and nephrosis	8.3	7.4	8.0	7.9	8.7
Pneumonia and influenza	43.3	22.2	35.9	21.2	32.6
Complications of pregnancy, childbirth	0.7	1.1	0.6	0.9	0.9
Suicide	6.8	6.4	6.3	6.6	5.9
Homicide	2.9	3.5	3.3	3.0	3.0
Accidents—total	30.4	29.3	31.6	32.5	33.1
Motor vehicle	11.7	10.4	13.7	13.8	14.4
All other causes	102.1	93.7	97.2	91.0	98.7

*These death rates relate to persons insured under Weekly or Monthly premium-paying Industrial policies and Monthly premium-paying Ordinary policies for small amounts of insurance.
†Beginning with January 1959, deaths have been classified according to the Seventh Revision of the International List of Causes of Death. Consequently, the death rates for individual causes in 1959 and 1960 are not strictly comparable with those for earlier periods. Rates for 1960 are provisional.
‡Less than 0.05.

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MORTALITY FROM ALL CAUSES

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